

16CV9403

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

~~Plaintiff~~ Emmanuelle Cassion
BC 2411607721

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

John Doe
John Doe
404 percent
40th percent

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

RECEIVED
SDNY PRO SE OFFICE
2016 DEC -5 AM 11:06
S.D. OF N.Y.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Emmanuel A Carrion

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

2411607721

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

18-18 Hazen St AMKC w 17 upper

Current Place of Detention

B Side Rikers Island

Institutional Address

East Elmhurst N.Y. 11037

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

John DOE
 First Name Last Name Shield #
OFFICER
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 2:

John DOE
 County, City State Zip Code
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 3:

John DOE
 County, City State Zip Code
 First Name Last Name Shield #
 Current Job Title (or other identifying information)
 Current Work Address

Defendant 4:

40th precinct
 County, City State Zip Code
 First Name Last Name Shield #
OFFICER BARRY
 Current Job Title (or other identifying information)
 Current Work Address
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 140 St BX NY 10454 BX NY

Date(s) of occurrence: NOV 2

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I Had put A SOMONS Aqaints
the 40th Precinct And ever since
I Did that the police ~~HAVE~~ Been
farmeing me for the things that I
Did not do

they Keep Harrasing me, they park
in front of my Building ever Day And
WAIT FOR ME to come outside And they follow
me around, no matter were I go they ARE
there.

I am IN fear for my Health my life And
well being, Because I am not getting any of
my meds, ~~It~~ took 4 DAYS to House me
and they Denied me to see my lawyer
in a vedio Con ference

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

last time they ARRESTED me In June
They Beat me till I could not move no more
And they move me to Centrel Booking, they
Sent me lincon HOSPITAL for my injuries
I had black And Blues every where

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want them to leave me Alone and Also
1.6 million for pain suffering and
HARRASSMENT, And mental Anguish

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

11/17/16
 Dated _____ Plaintiff's Signature Emmanuel Carrion
Emmanuel A Carrion
 First Name Middle Initial Last Name
18-18 Hazen Street
 Prison Address
East Elmhurst N.Y. 11037
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 11/17/16

Manuel Call on
607721
6 Hazen St
Elmhurst Queens

WFLA

NEW YORK NY 100

30 NOV 2016 PM 12 L



RECEIVED
SDNY PM
2016 DEC -5 PM 10:59
E.D. OF N.Y.

3 Side

UNITED STATES DISTRICT Court
SOUTHERN DISTRICT OF New York
DANIEL PATRICK MOYNHAN UNITED
STATES COURTHOUSE
500 PEARL Street, Room 200
New York, New York 10007

1000781316 C014